

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIII.

WEDNESDAY, JANUARY 1, 1851.

No. 22.

THE CURABILITY OF CONSUMPTION,

CONSIDERED IN REFERENCE TO A NEW METHOD OF ASCERTAINING THE HEALTHY OR DISEASED CONDITION OF THE LUNGS.

BY M. MATTSON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN we reflect that every fourth or fifth person whom we may meet in our daily walks is destined to die of consumption—for the statistics of the disease warrant the conclusion that this will be the fact—we must acknowledge that the mortality is not only frightful, but that it calls for renewed as well as earnest efforts on the part of the medical profession to investigate the true nature of the malady, and to devise some more efficient means to stay its devastating progress. To suppose that nothing further can be accomplished in this respect, is to suppose that the *practice of medicine* is comparatively destitute of value or utility, and is doomed to remain stationary without any hope of progress or advancement, while in every other department of art and science, we are constantly hearing of the most brilliant and wonderful achievements. The people entrust their health and their lives to the care of their medical attendants, and while they are swept away prematurely in such numbers, it is natural that they should inquire what further can be done for their safety; and physicians, in turn, should feel prompted by every consideration of duty to become something more than mere passive spectators of the havoc which is daily taking place among those who look to them for aid. The empty boast of the charlatan that *consumption is curable*, while he does nothing but pocket ill-gotten fees, or take money for some vile compound of mischievous drugs, is as censurable as that stern and uncompromising dogma of the profession, that the malady is emphatically and hopelessly *incurable*. But thanks to the advent of cod-liver oil, we are now beginning to have some glimmering of light in the dark horizon of medicine, and the fishy doses which have been swallowed so unsparingly for the last few years, have at least had the good effect to render it something less of a heresy to suggest that pulmonary tubercles may be absorbed, and that, consequently, consumption may be regarded as a curable disease. This partial confidence with which the people have been inspired, will have a beneficial effect, for it need scarcely be said that the human mind is all powerful in its influence upon the

body, and is a mighty engine for good or for evil in the hands of the observant physician. Sophocles died from excessive joy in consequence of a triumph awarded to him in the theatre. Pope Leo X. expired suddenly from the joy occasioned by being told that the French had been driven out of Milan and Pavia. How truly is it said in the inspired volume that "worldly sorrow worketh death," and "heaviness in the heart of man maketh it stop." The poor consumptive does not form any exception to the general rule, as it regards mental influence, and if the dogma is thundered in his ear from morning till night and from night till morning that his disease is incurable, it may be expected that he will fall an easy prey to the terrible destroyer.

One of the prominent reasons of the great fatality of consumption is to be found in the fact that we have not had the means of detecting the disease at a sufficiently early stage of its existence; and when we speak of a new method of ascertaining the healthy or diseased condition of the lungs, it necessarily presupposes that the revelations of the stethoscope are not regarded as sufficiently definite or satisfactory. This will no doubt be conceded by *many* of the profession, though probably not by *all*—for there is a very great reverence in some quarters for this little cylinder of wood—but as we have no idea of troubling the reader with our own opinion upon the subject, we will merely trouble him with the opinions of some eminent members of the profession, which we shall give under the head of

Inefficiency of the Stethoscope.—The reader who happens to be in possession of the *Medico-Chirurgical Review* for January, 1849, will find some extracts from a lecture by M. Lugol, of Paris, in disparagement of percussion and auscultation, from which we quote the following paragraph:—

"The numerous checks and repeated deceptions to which physicians are daily exposed in the *diagnosis* and *treatment* of tuberculous diseases, prove that it is necessary to leave the beaten track of inquiry and pursue some other which is less fallible. You all know that percussion and auscultation are useless in the diagnosis of pulmonary tubercles. Both alike insufficient to announce the commencement of the mischief, they are superfluous at the very time that they become capable of indicating the presence of the tubercles; for then these are discernible by other means, and, alas! are too far advanced to warrant our hopes of arresting their progress—at least in the generality of cases. I will even go a step farther, and say that the unlimited confidence placed by the greater number of practitioners of the present day in auscultation and percussion, has had the effect of too often inspiring a *fatal* security in many tuberculous diseases, which are thereby allowed to advance in their progress, until this is revealed by physical phenomena at a period when remedial measures have but little chance of effecting any good."

Physicians, and especially French physicians, usually have a "hobby," and so had Lugol. He renounced percussion and auscultation as a means of detecting incipient tubercles, and recommended the inductive method of examination. This he thought could not mislead. Let it

appear that parents had died of tuberculous disease, and it would be a settled question with him that the offspring were tuberculous also, and that the lungs were especially liable to be invaded by the morbid deposits. This is no doubt very often true, yet by no means infallible, for it has been correctly observed that we find diseased parents in one generation having an apparently healthy offspring, and in the next generation seemingly healthy parents with a diseased offspring.

M. Lugol and M. Louis both agree that the stethoscope is inefficient, and that the examination by induction is nearly if not quite infallible. In a memoir by M. Louis on the "Proper Method of Examining a Patient," &c., he says, "I have more than once announced the existence of phthisis in patients who presented all the symptoms of chronic peritonitis, but neither auscultation nor percussion of the chest afforded any signs of an appreciable alteration of the pulmonary parenchyma, and this even in patients who had not any cough."

This is sufficiently explicit with regard to the inefficiency of percussion and auscultation; but as it respects the inductive method of deciding upon the probable existence of pulmonary tubercles, we have the obvious difficulty—even if we are disposed to consider the inductive method infallible—of being unable to ascertain the extent of the pulmonary disease, and consequently our opinion of a case must be extremely unsatisfactory, unless we have some more certain means of diagnosis.

We come now to Marshall Hall, from whose work entitled "Practical Observations and Suggestions in Medicine," we will quote a brief paragraph. He says:—

"Before the stethoscope can detect the existence of tubercles in the lungs, the constitution of the patient frequently takes the alarm, and the functions of the circulation and of the respiration become slightly accelerated, or are easily hurried."

In another paragraph from the same work, this able writer and acute observer says—"I need not insist upon the extreme importance of an early detection of phthisis. The timely adoption of such preventive and curative measures as are in our power, and the correctness and truth of our prognosis, depend upon this early detection of the disease."

These paragraphs from distinguished medical authors are quite sufficient to show that the stethoscope is wholly inadequate to the detection of pulmonary tubercles in their incipient stages. We would remark, however, that beyond this, we have no desire to depreciate the stethoscope, for in diseases of the heart, as well as in various diseases of the lungs, it is an invaluable instrument, and will be found in the hands of every accomplished physician.

The necessity being apparent for detecting consumption in its earlier stages, before it has made any serious inroads upon the constitution, we will proceed now to consider the method by which it may be accomplished, and which we shall do under the head of

Vital Capacity of the Lungs.—This term signifies the capacity of the lungs for air, in contradistinction to absolute capacity. It is used in this sense by Dr. Hutchinson, of London, who has distinguished himself by his observations on the respiratory functions, and by his industry and

perseverance in unfolding some newly-discovered physiological laws in relation to the lungs. In the first place he makes four divisions of the air which enters into those organs, viz., the *residual air*, the *reserve air*, the *breathing air*, and the *complemental air*. The *residual air* is always present in the lungs, and cannot be expelled. The *reserve air* is that portion which remains after an ordinary expiration, but which may be thrown out by a forced effort. The *breathing air* is constantly passing out and in many times in a minute. The *complemental air* is that portion which is drawn into the lungs by the deepest possible inspiration. Superadded to these is the *vital capacity*, which consists of the *reserve*, *breathing* and *complemental airs*; and these Dr. Hutchinson has contrived to measure with an instrument which he calls a *spirometer*. He has discovered that the vital capacity is more in correspondence with the height, than with any other physical peculiarity, and this is the more remarkable, inasmuch as height is chiefly dependent on the length of the limbs, and not on the length of the trunk of the body. Weight, where it is in excess, tends to diminish the vital capacity. Dr. Hutchinson made observations upon 2000 healthy persons, and found that eight additional cubic inches of air, at 60°, were given out by a forced expiration for every inch of height between five and six feet. He was enabled to construct very accurate tables, by which he could calculate the amount of air which an individual of a given height, weight and age, should breathe out after a full inspiration, provided his lungs were healthy—and the amount thus calculated he would find to correspond in a remarkable manner with the subsequent spirometrical measurement of the same. For example, a man five feet six inches high, under 35 years of age, would breathe out 214 cubic inches of air after a forced inspiration, provided his lungs were healthy, and provided, also, there was no *excess of weight*. Thus he was enabled to deduce the great law—which may be justly regarded as one of the brilliant discoveries of the age—that the vital capacity is in accordance with the height, weight and age, but more particularly the height; and that when it sinks below what is deemed the healthy standard—the latter being determined by calculation—it may be regarded as evidence that the lungs have been invaded by disease.

Previous to the discoveries of Dr. Hutchinson, many observations had been made on the vital capacity by able and scientific men, such as Jurin, Davy, Menzies and Bostock; but all the information which they communicated is of a confused and uncertain character. It is singular how much error has been tolerated with regard to this matter. Men of science and genius, whom we all delight to admire and honor, have gravely inculcated the most extraordinary errors in respect to the capacity of the lungs for air. As an example, see Dr. Meigs's Notes to the translation of Colombat on the Diseases of Females. The writer is speaking of the importance of diagnosing *chlorotic anemia* accurately, and suggests that the "tints of the skin," and "the state of the patient as to embonpoint," are not always to be relied on, and adds that "in such a case he should test the state of the lungs by asking the patient to make several forced inspirations, in order to discover whether the capa-

city of the lungs for atmospheric air was at all lessened by disease ; and should she appear to be able to inhale fifty or sixty cubic inches at an inspiration, he should have a right to conclude that the air-cells of the lungs were free from pressure or obstruction, and duly expansible."

How we are to ascertain that the patient inhales fifty or sixty cubic inches of air by such an experiment, or any other number of cubic inches which may be named, would certainly puzzle a "Philadelphia lawyer," though it might not puzzle a Philadelphia physician ; and even if it was definitely settled that *fifty or sixty cubic inches* was the maximum quantity inhaled, it would not prove that "the lungs were free from pressure or obstruction," but on the contrary, would prove the very opposite of this, and show conclusively that there was extensive as well as very serious disease of the lungs.

Dr. Hutchinson's discoveries were announced to the world in 1846, but they have not received that attention to which their merits entitle them, for an obvious reason. His instrument for testing the vital capacity of the lungs, could not, like a *stethoscope*, be purchased at a trifling cost, and carried about in the pocket. It must remain stationary in the physician's office, or at best cannot be removed to a patient's house without considerable trouble and loss of time. Besides, the instrument is expensive—that is, if it be constructed so as to measure *accurately* ; and indeed it is very difficult to procure the manufacture of an accurately-measuring instrument. Without perfect accuracy I need not say that the observations on the vital capacity are useless, and worse than useless. If physicians have been disappointed by using imperfect instruments which have been palmed upon them by a foreign adventurer, they are not justified in calling in question the accuracy of Dr. Hutchinson's observations. We are not interested in the sale of instruments, and therefore we hope to be regarded as a disinterested witness in the matter.

Three years ago, on first becoming acquainted with Dr. Hutchinson's discoveries, we had an apparatus constructed with which we made a number of spirometrical observations, but it did not prove to be as perfect as desirable, and we had a second one constructed on a somewhat different plan, which we have found to be reliable in point of accuracy, and which we have used extensively for the last year and a half. We should make no reference whatever to the apparatus which we employ, but from a desire to state that it will measure the expired air accurately, which is a very important point—for without this accuracy all observations on the vital capacity are without any practical benefit and only calculated to deceive.

We have verified the observations of Dr. Hutchinson on healthy persons, though we have chiefly tested the vital capacity in reference to the detection of disease. Of the latter we shall speak presently, and meanwhile we will notice some anomalous cases of vital capacity which may serve to explain the great law which seems to govern the respiratory functions.

Vital Capacity of a Giantess.—The subject of this notice was a Mrs. Hales, from Ireland, whom I examined in the summer of 1849.

She was 22 years old, weighed 225 lbs., and was 6 feet 9½ inches high. Her vital capacity was 331 cubic inches. Her pulse was 80, being more frequent than usual, as she was somewhat indisposed on the day of the examination. Her respirations, sitting, were 15 per minute.

Vital Capacity of Giant McKaskell.—This young man is in every respect finely developed, although only 19 years old. He weighs 335 lbs., and is 7 feet 4½ inches in height. The circumference of his chest, including his shirt and vest, is 51½ inches. Pulse, sitting, 100; respirations, sitting, 15 per minute. It is somewhat remarkable that one of such Herculean proportions should be the offspring of parents having only the ordinary stature, as neither his father nor mother exceeded 5 feet 8 inches in height. Our examination of him was made a few days ago, when he breathed out 480 cubic inches of air after a full inspiration.

This, we believe, is the highest vital capacity which has as yet been recorded. We examined a giant over a year ago, who represented his height to be 7 feet 6 inches, with a weight of 460 lbs., but he breathed out only 331 cubic inches. He was under 30 years of age, with a pulse of 64, and 20 respirations, sitting, per minute. He evidently had a deficient vital capacity, notwithstanding some allowance for excess of weight.

Freeman, the Giant, who was examined some years ago, in London, by Dr. Hutchinson, was 6 feet 11¼ inches high, weighing 266 lbs., and having a vital capacity of 434 cubic inches.

Data have not yet been furnished to determine the healthy vital capacity above six feet. It is apparent, however, that the ratio of increase is more than eight cubic inches of air for each inch of height. In the case of Freeman, the ratio is about 15 cubic inches, making no allowance for weight; and something less than that in the case of young McKaskell. It is very probable that the ratio of increase above six feet will prove to be about twelve cubic inches of air at 60° for each inch of stature.

Vital Capacity of the Mammoth Girl.—This is Miss Crouse, now on exhibition at our Museum. She is only 16 years old, and weighs 456 lbs. Her height is 5 feet 5 inches—the circumference of her chest 56 inches. Her pulse was 92, quick, wiry, and scarcely perceptible. Her respirations, sitting, 28 per minute. Her father weighs 165 lbs., and her mother 110. She is a moderate eater, preferring a vegetable diet, and says she has never known a sick day in her life. We examined her quite recently, and found her vital capacity to be 138 cubic inches. Her lungs being no doubt healthy, the case will show the influence of weight in diminishing the vital capacity. All above 152 lbs., in her case, according to Dr. Hutchinson, is to be regarded as excess of weight, and her vital capacity, irrespective of this, ought to be 206 cubic inches; consequently, the diminution in the quantity of expired air is 68 cubic inches.

Anomalous Case of Vital Capacity.—The reader has already been familiarized with the curious law that the vital capacity is chiefly in accordance with the stature, notwithstanding this is principally governed by the length of the lower extremities and not by the length of the

trunk of the body. Dr. Hutchinson has given some examples in illustration of this law, and we were enabled to confirm it recently by an interesting examination which we were kindly permitted to make in the case of a well-known gentleman of diminished stature in this city. His height was 4 feet 1 inch, his weight about 91 lbs., and his age 33 years. His sitting height was 2 feet 8 inches, and the circumference of his chest 31 inches. Pulse, sitting, 80—respirations, sitting, 18 per minute. Since his eighteenth year his health has been extremely good, being capable of performing a large amount of mental and physical labor. As might be expected, his vital capacity was very low, breathing out, as he did, only 124 cubic inches of air after a forced inspiration, and this diminution, it will be seen, must have been influenced by the deficient stature. Let me compare him with a lady whom I examined on the same day, and whose full height was 5 feet 4 inches, while her sitting height exceeded his only by half an inch—being 2 feet 8½ inches. Her chest, also, was of the same circumference as his, each measuring 31 inches; and yet she could breathe out 200 cubic inches of air, while the quantity in his case, as has been stated, was limited to 124 cubic inches. Here then is a confirmation of a most remarkable law of the respiratory functions, which yet remains for the physiologist to explain.

Let me not forget to say, that in the examination of each of the above cases, the necessary corrections were made for temperature.

[To be continued.]

LETTER FROM THE SOUTH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Atmospheric changes and conditions, or “spells of weather,” in common parlance, have ever been to the medical pyretologist interesting subjects of speculation; and it would be a curious contrast to witness annually a correct meteorological journal of the several parishes of this, or any adjoining State, as connected with the condition of health and disease of each season and neighborhood.

The various seasons of the two or three years past, and their several epidemics, might profitably engage the medical student or philosopher in serious contemplation and study for some time to come. Never shall we forget the hot, sultry and coquettish summer of 1848, with its daily showers of rain, attended by thunder and lightning *every day* for 120 days in succession, followed by dengue and cholera in the winter and spring; nor the intensely hot and dry summer of 1850, just past, when for 120 days in succession, following the month of June, and during the entire months of July, August, September and October, we had but two slight showers of rain, not in the same parish as the one before referred to, but in the adjoining one, with the thermometer ranging all the while from 85° to 95°, and often higher, and rarely falling below 80° at night, until late in the season; the atmosphere clear and the sky cloudless, with the moon of each month bright and beautiful all the while, and her attendant satellites, and the whole host of stars, rarely if

ever obscured. Such a degree of heat and dryness, so intense and long continued, and after night-fall, too, has rarely if ever occurred within the memory of the "oldest inhabitant." The almanac, for a wonder, is right this time, when it declares—

The moon so wise her course doth steer,
She walks in sunshine all the year.

The past season was preceded by rather a warm winter and spring. In February and March there were several days of intense summer weather, and the nights for this climate intensely hot. Hooping cough was quite prevalent, with some cases of pneumonia, succeeded by cholera epidemic in the spring, and dengue at the beginning of autumn.

In regard to the management of cholera, I have but little to add to my former experience. It is a disease, at all times and under all circumstances, of frightful character, and, in certain stages, wholly unmanageable; though nature, more powerful than art, frequently lends her aid, and intimates to us, at the most critical and hopeless period, that we should never despair. She is ever stretching out her hand to relieve us, and in cholera we never need disregard her warnings till the time she has prescribed is past, and the powers of life begin to fail.

If called early, there is always cheering hopes that the disease may be arrested. We should endeavor to check the diarrhœa by cordial, astringent and absorbent medicines, and by injections of a like character, aided by opium, quinine and tannin, given and repeated *pro re nata*, and as circumstances seem to demand. The vomiting may generally be checked by ether and laudanum, or by free doses of sulphur and charcoal, in peppermint water, or camphorated spirits, and brandy and water, either hot or cold, as the patient desires. Gentle friction all the while may be used to restore warmth, and sinapisms, if needed, to the extremities, to keep up the heat. I know not on what principle the sulphur and charcoal acts, but in the peculiar sinking conditions of cholera, which of late are so common, it seems to answer as well as, and perhaps better than, most remedies, and restores the patient to a normal condition, as it often has been known to do in *poison by arsenic*, to which cholera bears a striking analogy.

I have elsewhere expressed my doubts of the efficacy of small doses of sulphur and charcoal, and even of large ones, in malignant cholera, and where the symptoms are formidable, and already threaten the life of the patient, and must refer the reader to my previous speculations and treatment of this disease in former numbers of the Journal, where he will see I am not disposed to tamper with ordinary remedies in this Herculean malady; though I must say I have often had occasion to attribute my success, not to the *nimia diligentia medicina*, but rather to the simplicity of treatment, uninterruptedly and perseveringly pursued.

After re-action, the patient should be left to repose without anything given internally for twelve or twenty-four hours, except, it may be, a swallow of iced water, now and then, flavored with brandy or spirits of camphor. A powder of rhubarb and magnesia may afterwards be given, with small doses of quinine and porter, and the patient is convalescent.

The calomel practice is quite obsolete, or should be so, as in most cases, whenever administered in Herculean doses, as has been too common, it aggravates the disease, or retards the progress to recovery. How great the imprudence, how awful the responsibility of those physicians, who persist, notwithstanding the aggravation of all the symptoms, in the administration of this medicine! In vain they cite cases where they have triumphed over the malady by means of 50, 100 or 200 grains of calomel. "Like most of the rare cases of the successful employment of therapeutic agents, those instances have been productive of the most unhappy results to humanity, because they have induced others to prescribe it under the most adverse circumstances, and where it is necessarily fatal. From not comparing attentively the few instances of success with the numerous failures, they continually do harm without the probability of being useful."

The epidemic of the past season was not very general, and ordinarily not very fatal. Those who kept their study lamps burning, and were willing to be guided by the lights of experience, were in no danger of stumbling through ignorance, or through error of falling into the pit.

We are constrained to say, and with deep regret, that the cholera is again epidemic in the city of New Orleans, and endemic in the country, and from all appearances seems likely to become domesticated, and permanently settled amongst us.

For several months after the subsidence of cholera, our town was perfectly healthy, with the exception of a few cases of mild chickenpox, and some other eruptive diseases, as tropicus lichen, the prickly heat, &c., which were universally prevalent for a time, among both children and adults. It was intolerably annoying to the sufferer, and seemed to resist every application, ordinary and extraordinary; though I think the greatest relief was obtained from alkaline baths, or sponging with a solution of carbonate of potass, or dilute solution of chloride of soda, and powdering the surface with equal parts of starch and cinchona, which in most cases allayed the intolerable itching, if it did not wholly remove the disease. Absorbents and laxatives seemed to have no control over it. It disappeared with the cool weather of autumn.

Dr. Good alludes to an obstinate and intractable variety of this disease, which in some cases irregularly subsided for a few days or weeks, and then re-appeared with more violence than ever, and with which he was more perplexed, he says, than with almost any other complaint that ever occurred to him.

We may mention, for the encouragement of those who prescribe calomel in unlimited doses, in all cases, and under all circumstances, and have no other medical resource, that another obstinate variety which Dr. Monsey encountered and described to Dr. Heberden, "which resisted a series of medicines in hospital and private practice, was put as a forlorn hope upon a brisk course of calomel, five grains every night, with a purge of rhubarb or cathartic extract the ensuing morning, for nearly a fortnight in succession; and having thus transferred the morbid irritability of the skin to the intestinal canal, the disease disappeared."

Early in September the dengué, or "break-bone fever," made its appearance. Its invasion was generally sudden, and not unlike influenza. Its several forms and degrees of severity, with its pains and suffering, were somewhat allied to yellow fever, from the simplest to the most aggravated kind. In some cases it was so mild as hardly to attract attention, and passed off without medical treatment. Usually, however, the attack commenced with severe headache, accompanied by chill and fever, sometimes of a high grade, attended with unrefreshing sleep, and delirium, even, followed by excruciating pains in the muscles of the neck, back, hips, and articulations. The tongue was moderately coated white, and the pulse variously affected as the accompanying fever and irritation was more or less severe. Quite often there was a catarrhal state of the mucous membrane of the bronchiæ and throat, complicated with gastric embarrassment and dyspnœa, with suppression of urine, &c. There was great prostration of strength from the beginning, and the patient experienced a general sense of contusion, with muscular weakness, especially of the lower extremities, which continued long after the patient became convalescent. With many the taste was completely vitiated, and in several there was a great repugnance to particular articles, of which *flour bread* was one, long after recovery.

In many, perhaps a majority of cases, a rash, resembling urticaria, or roseola, exhibited itself on the body and limbs, which continued for a day or two and then disappeared. Those persons who had previously suffered with the prickly heat of the season, exhibited it more uniformly upon the surface, and its shades were deeper and brighter, more continuous and lasting, than with those of a less irritable nature, and whose skins had not been thus annoyed.

Though dengué is a disease of somewhat peculiar and novel character—affecting chiefly the nervous and muscular tissues, without inflammation—it requires few remedies, and those of the simplest and mildest kind. Bleeding is seldom, if ever, required. Purging should be gentle, and employed, if at all, early in the disease. Cupping was resorted to more frequently, I think, in other hands, than was necessary. Five or six physicians in the city, who were attacked with it, either from a mistaken view of its character and severity, or from an undue partiality to a favorite mode of practice, unnecessarily subjected themselves either to bleeding or cupping, or both, with repeated doses of calomel or blue mass, which in every instance, probably, increased the debility and prolonged convalescence. These measures need not be repeated. Abstinence from solid food, and the employment of alcoholic or medicated vapor baths, alkaline or mustard foot-baths; sinapisms, and revulsives, if necessary; a free use of aromatic, diaphoretic or cordial drinks, as camomile, orange, sage or boneset, &c., which last is especially efficacious in this disease, as well as in intermittents—with morphia or Dover's powder to allay pain and procure rest; mild laxatives when required, and a few doses of quinine, or infusion of bark, &c., and the disease is cured. It sometimes yields in a few hours; rarely lasting a week; and more uniformly, within my own observation, only two or three days. The most prolonged and violent cases required no other treatment.

During convalescence, ale or porter was a palatable beverage, and most commonly sought for by the patient. Under the above treatment the disease never proved fatal. Some two or three deaths were reported under the depletory system, with persistent doses of calomel, which some routine practitioners continue to administer, in all cases and conditions, at all times and seasons, and under all circumstances, and which, if it does not prove immediately deleterious, or absolutely fatal, leaves the patient in a worse condition than at the beginning, and one in which unbounded faith alone can make him whole.

Apropos of your excellent Journal, which comes to me like manna in the wilderness, in due season. Your late capital article upon "tannin as a medicinal agent," by Dr. Cummings, of Roxbury, I regard as worthy of the highest commendation. It is worth whole years of subscription to the Journal; and if such *practical essays* were oftener found in our medical journals generally, either upon special diseases, or special medicines, instead of the long and elaborate theoretical disquisitions, and foolish, private, profitless discussions, that make the heart ache, they would be vastly more valuable and entertaining, and infinitely more useful both to the profession and the public. Such excellent essays and papers as this of Dr. Cummings, and the illustrated article on "cancer of the lip," by Dr. Kimball, of Lowell, in the August number, are pearls of great price to young practitioners, and by no means to be disregarded by their seniors. They are the *utile et dulce* to most of your subscribers.

Truly yours, &c., FRED. B. PAGE, M.D.

Baton Rouge, La., Dec., 1850.

MEDICAL GLEANINGS IN NAPLES

FROM THE EDITORIAL CORRESPONDENCE OF THIS JOURNAL.

THE Neapolitans entertain an opinion that bloodletting is indicated in many diseases in which, among us, it would be thought fatal. Bleeding is a distinct profession, and in narrow lanes it is quite common to find painted signs, representing a nude man, tapped at several points—a stream of blood flowing from the arm, the neck and foot, all at the same moment. In the spring, everybody is supposed to require bleeding, just as, in some parts of New England, whole neighborhoods at that season take physic. Horses, too, are here bled unmercifully. A few days since, a poor, overworked creature was standing in the middle of the street, his blood flowing out with frightful rapidity. He required food, instead of such cruel depletion.—Consumption is considered infectious; consequently, on the death of a person from pulmonary disease, his clothes are burned and the apartment at once thoroughly purified. An instance was related by a high public functionary, the other day, of a family being warned to vacate their hired premises, forthwith, because a member of the family gave indications of approaching pulmonary consumption.—Nowhere are the dead more magnificently exhibited at a funeral, or more quickly disposed of when the ceremonies are finished. One coffin answers for thousands, to all appearance. It is of rough,

white boards—lodged temporarily, while in the church, in a rich sarcophagus, covered by a richly-wrought pall, made heavy by gold lace and fringes. When the candles are extinguished the friends retire, and the coffin being taken out, is carried on the heads of rough-looking fellows to a closet. Afterwards, if conveyed to the Santo Campo, the corpse is taken out of the coffin and laid on a shelf in a tomb, and the empty box brought back for another. Some of the funeral processions in Naples, Rome and Florence are very extraordinary performances—the persons following are all masked, having eyeholes to see through, while by-standers are prevented from recognizing any of them. At Florence the burials are by night.

Naples, Oct. 22, 1850.

TREATMENT OF HYDROCELE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The treatment of hydrocele by the pressure of a truss over the spermatic veins, at the external inguinal ring, as first recommended, in my notice, by Mr. Curling, in the *London Lancet* for June 15, 1845, and since then approved by several others, does not seem, as yet, to have obtained so general a reception in practice as its merits deserve. The reason of the caution or neglect with which the suggestion has been received, undoubtedly is, the theoretical presumption that such a remedy would inevitably be injurious, by preventing the return of the blood from the spermatic veins. A single trial of the truss in a case of varicocele will remove that presumption. No danger, or inconvenience, or discomfort, will result. The proximate cause of the varicosity and of the suffering that attends it, is the pressure of the superincumbent column of blood, unrelieved and unsupported by healthy vein-valves. The truss, by its pressure, closes the vein, supports this column, and relieves the distended veins below; these then contract of themselves; the blood, sent into them by the spermatic artery, returns through the superficial veins, and the irritation, which results solely from the distending pressure, speedily subsides, and restores the patient to comfort, and, after a few weeks or months, to health, or all the signs of health.

I first used this remedy four years ago. Then, and in several cases in which I have recommended it since, it proved harmless and effectual. If the remote cause of the disease be, as I suppose, a deficiency of the valves, it is, of course, beyond radical remedy. And, accordingly, I find that the complaint, sooner or later, is apt to return, if the truss be dispensed with, and to necessitate a second resort to that remedy. But if it may be said, on this account, that the cure is not radical, it is at least true that the treatment leaves the disease no more than an inconvenience.

The case, the worst, and at the same time the most satisfactory, of all I have treated, came into my hands in January, 1850. The patient, C. R., had himself brought to me, from his residence, twelve miles distant, on his back—a position that, with intermissions of not more than ten minutes, he had maintained for three months, if I remember rightly, and

which he continued to maintain, as I will explain, as much longer. He was about 50 years of age, and had suffered from varicocele since early puberty. For several years, so irritable had the parts become, he had been frequently obliged to confine himself, for weeks and months at a time, mainly to the horizontal posture. At such times, as he informed me, the parts affected were inflamed, swollen, tender and unusually painful. As we often see in such cases, the pain had come to be, in a measure, of a neuralgic character. The patient's physical and mental powers were suffering under the constant irritation, and the superinduced hypochondriasis. Bad off as he really was, he thought himself worse, and had as little peace of mind as of body. He had long used a suspensory bag, but of late had found its relief very limited. Other remedies had been tried. He had consulted a good many physicians, and among them two professors of surgery, who, having (very justly) little inclination to recommend the common methods of seeking a radical cure, told him, "if he could not get along otherwise, he had better have the testicle removed." It was, in particular, for my opinion on this point, that he came to see me: I recommended a truss. This was altogether contrary to his theory of the disease. He had read a good deal on the subject, and perhaps was not the easier to manage on that account. I explained my notions to him, and he went away half convinced; consulted his books, and his favorite doctor in the neighborhood where he lived, and came back to me afraid to try it "for fear the veins would swell up and inflame." This course of proceeding was repeated several times, till at length I gave him my views in black and white, fully reasoned out, to all possible contingencies and results. With this memorandum in his pocket, for easy reference, he was able to keep his judgment steady. He got a truss and put it on; and the next time he came to see me, much to my gratification and relief, he came on his legs. In short, he now calls himself well, and insists that I shall "publish his case," or he will do it himself.

A single practical direction in regard to the amount of pressure: it should be quite slight, just enough to close the calibre of the vein. Any easy hernia truss will answer the purpose.

CHAS. C. P. CLARK.

Middlebury, Vt., Dec. 24th, 1850.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 1, 1851.

EDITORIAL CORRESPONDENCE.

From Alexandria to Grand Cairo.—On the presumption that a letter has been received from me at Alexandria, mailed to go by the English Transit Company, I shall proceed to a regular detail of what was seen and what occurred on the way up the river Nile, about which my mind has been exercised from early boyhood—the result of reading Herodotus.

Having hired a boat, and victualled her with potatoes, rice, bananas, salt-fish, eggs, &c., mattresses, blankets and other things necessary for comfort-

able sleeping, we had the whole brought together, loaded upon donkeys, accompanied by a janissary attached to the American Consulate, and away we moved—followed by lots of boys, ass drivers, Arab owners, and those interested in our procession, towards the gate nearest the canal, where we were to embark. Rev. Mr. Holland, being the most ferocious looking of the three, rode with the baggage; Mr. Warren carried about a peck of money, wrapped in an overcoat, on the pommel of his saddle, out of sight, yet the whole of it being copper was worth but a few dollars; while myself and janissary, the latter having a sword almost as long as he was, were in advance, to give character to the caravan. In this order we passed the city gate; but the luggage was challenged and stopped. A declaration from the consul was at hand, certifying that the whole constituted the travelling equipage of three American gentlemen; but unfortunately the soldiers could not read, and the janissary therefore went and explained, sputtering like a frying doe-nut, and finally, through a bribe of about fifteen cents, obtained permission for the whole to proceed without examination. Through the evening our effects were being put in place for regular housekeeping. Hassan, the dragoman, did not come on board till the next morning. He is a dressy, intelligent Arab, a native of Philæ—born in the midst of those stupendous ruins, so ably described by Sir Gardner Wilkinson, whom he accompanied in his extensive explorations through Egypt. He speaks English, Arabic, Italian and Nubian, fluently. He relaxed a little from the usual fee, to go with us, as he wanted to visit one of his wives residing at Thebes, by whom he has a daughter, and whom he says he likes better than the one he leaves at Alexandria, the mother of a fine little boy whom he brought down to the boat to see him off. Hassan has an assistant, an Arab boy of some ten or twelve, a bright, prompt chap. Having an excellent leading wind, before dark, Tuesday, Nov. 5th, we run the whole length of the canal, 40 miles, passed the locks, and floated in the river Nile just at sunset. The canal is becoming shallower and narrower, from neglect. While the old pacha lived, who originated and completed it in three years, at the expense of 20,000 livres, it was kept in good condition. There are four costly iron steam mud machines at intervals on the route, deepening the bed, while the banks are suffered to fall in for want of a little walling. On both sides, at distances of six and eight miles, on elevated spots, are villages of mud houses, just as thickly studded as they can be, and as wretched as possible. They are one story, with a low doorway, small port-hole windows, and without any defences from wind or weather. The roofs, in a majority of them, are flat, so that women and children are seen going from one to another. Little mud boxes are scattered about, in the occupancy of millions of doves and domestic fowls. Finely developed men, with patriarchal beards, red caps bound round with white muslin, giving them an air of consequence, in red slippers, and smoking long amber-mouthed pipes, are content to reside in those miserable abodes, without conveniences and without comfort. Their intelligence is by no means equal to their physical deportment. Their wives and daughters, generally, wear but a single garment, a loose blue kind of frock, having large sleeves, slit down to the waist in front. In the country they are not very particular in covering their faces; yet as a stranger approaches, they instinctively draw up a corner of something to hide their features as high as their eyes, while the bosom, bare feet and legs are considered of no consequence. The better class, or rather those who are able, wear a cap, covering the forehead to the eye brows, from the centre of which is a series of small ferrules, like small

thimbles, strung on a cord or linked together, some two inches long, holding up the veil in its centre. Bits of coin are common head ornaments. Birds, including doves, have such entire exemption from fear, that they fly aboard and pick up crumbs, and light in the rigging. Man is not their enemy in this anti-christian land.

Atfeh, at the end of the canal, where it joins the river, is a large mud town, both sides the canal, with one house only having glass windows—a stopping place for the late pacha, of course. Boats are built here—the carpenters squatting on the ground to hew, saw or plane—the custom with all orders of mechanics. Boats are all the time passing down to Alexandria, from up the river, laden with wheat in bulk, cotton, beans, fowls, eggs, fruit, and whatever is marketable. Others, returning, have lumber, pottery, passengers, &c. Men are seen spinning wool and cotton, on a hand spindle, and also knitting. On the other hand, I am constantly seeing females carrying mud from the water edge for houses or yards, which they are constructing with their hands. They collect the manure of camels, buffaloes and oxen, manufacture it into sheets of uniform size, and stick them on the sides of their hovels to dry, as an article of merchandize. It is used for fuel by bakers and others.

The American flag flying at the peak of our boat, together with a small bribe, opened the locks—which otherwise might not have been started till the following morning. Bribes are the open sesame here, as at Rome and Naples. Just as the craft swung round the corner lengthwise into the Nile, an upset boat, with a man on the wreck, calling loudly for help, came floating by. Hundreds of smokers looked on calmly, without moving a finger for the poor drowning wretch—till he was nearly out of sight, in a bend of the stream, when a sail boat apparently went in pursuit of him. A row boat passed him, while he was screaming for aid, without being at all moved by his helpless condition. We had no jolly boat, therefore washed our hands from the sin of neglecting him, should he be lost. *Nov. 6th.*—Passed the very ancient locality of Said—immense mounds of earth, the accumulations of the ruins of ages—once a regal city, the burial place of Egyptian kings, now covered, scatteringly, with mud dwellings. Mud villages occur every few miles, both sides the muddy, swift running Nile, which constantly reminds me of the appearance of the Upper Mississippi. Islands are passed, made by the shifting current, as in that father of waters. All the potable water for the inhabitants is carried in heavy brown earthen pots, on the heads of females. Early in the morning rows of these dark, slender-limbed creatures are seen washing themselves in the river, using the slimy mud as we do soap; they then fill the jugs, weighing a third more than the fluid carried in them, raise them to their heads, and trudge off to the settlements. Generally one, and occasionally two mosques are seen in every village—the minarets being precisely of one pattern in all. The body of the mosque is square, one story, with one small door and a few small windows. The minarets are occasionally lofty, from 6 to 12 feet in diameter, with one, two and three terraces, the main shaft becoming smaller from each as it ascends. A small pear-shaped dome, surmounted by a crescent, completes it. In, or rather on, the balustrade, the priest walks round the tower to call good musselmen to prayers. Tombs of Mahometan saints are pretty objects, frequently discoverable over the expanse of this flat country, where the land and horizon meet, as on the vast prairies at the west. They are small, square structures, from 10 to 30 feet on a side, of brick, surmounted by a graceful dome—a crescent at the highest point. They are not unfrequent

in cemeteries—and the devout enter them to perform their devotions. Some have mosques attached to them. Our crew pray, individually, five times a day, with their faces towards Mecca. Let what may be going on, nothing diverts their attention till they have kneeled and three times touched their foreheads to the floor. When one is through, another commences, and sometimes two at once, if they can be spared. Our Reis, or commander, yesterday, in the midst of a difficulty in trimming the sail, never turned an eye towards the fluttering canvass till he had leisurely finished his religious duties. I have felt reproached, repeatedly, coming from a christian country, to witness this fervent piety in those whom we are taught to pity for their blindness and ignorance.

Passing a little fleet of boats to-day, fast by the bank, a man of excellent appearance, so far as turban and beard were concerned, was vociferating with extreme volubility, when another with a bit of paper in his hand made a motion, when instantly the orator was thrown upon his face by an obedient circle of lookers on, and held in that position to the ground, while another gave him eleven severe blows with a small rope. He screamed in agony—and when liberated, picked up his turban, adjusted his disordered garments and went on board a boat. Hassan said he was the head man of a village, who had been directed to have a certain amount of labor performed somewhere for the pacha, which not being accomplished when the inspector came, he was thus punished. When the tax-gatherer enters a house for revenue assessed, and not promptly paid, the delinquent is flogged on the spot and then imprisoned. If it is suspected, with good reasons, that he has the means and purposely withholds payment, he is whipped daily, till it is forthcoming. For being simply unable, he is flogged but once, and imprisoned from 1 to 3 months—or, according to the necessity for recruits in the army or navy, sent to one of them.

Much pleasure was expressed by the crew on account of fair wind, and their joy showed itself in a native dance near the bow. We have a musician before the mast, Mahomet, who is considered by his associates a splendid performer. His instrument is called a zumarah, made by himself, of two parallel pieces of reed, 14 inches long, $\frac{3}{4}$ an inch in diameter, and bound together by twine, into the ends of which are inserted two rude reeds, something similar to those of a hautboy. Below, there are five finger holes on each, corresponding with each other. Two fingers of the left, and three of the right hand are applied, while he blows into the reeds. Of all shocking sounds, it is the harshest and worst under the name of music.

Having spoken of our boat and personal effects for the voyage, it may not be uninteresting to mention that these Arabs are patient, honest, indefatigable people in the service of their captain. Their pay is not far from 10 cents a day. The pilot has the rate of one man and a half—he being always at the helm. All their stock of provisions is a bag of stale broken black bread, some beans, together with extra purchases of a few thin loaves on shore. They have an earthen jar to settle their water, another for boiling their food, and a single broad pan to pour it into when cooked. Perhaps in the inventory there may be a rude wooden spoon apiece. There is not a knife, fork, axe, hammer or nail—or an anchor. When the wind fails, all hands jump to the bank with the end of a long rope, having a loop for each man to slip over his shoulder, to drag the boat ahead. If it is desired to stop, a big wooden beetle, bound with leather rings to keep it from splitting, and a long stake, are carried ashore. The stake being driven into the mud, is made fast to—and taken up when the boat is again

to be set moving. Twice a-day they sit round a broad milk-pan of hodge-podge, washing it down with water alone. The Reis, or captain, thus far, has managed to get a tolerable meal once a-day, at least, out of our remnants.

A Physiological Problem.—It has been observed, that persons who have lost a limb, or a part of one, are at times very much troubled with an intolerable *itching*, or sometimes *pain*, in the fingers or toes of the extremity which is lost. A case of this kind lately presented itself to us for advice, which, being a little out of the common course, we have thought proper to give to our readers. A young man had his hand amputated just above the wrist, on account of having it shattered by the bursting of a gun. This happened some two years since, and the deficiency is supplied by a wooden hand. At times, he tells us that he has the most intolerable *itching between these wooden fingers*, in fact insupportable, and, to use his own words, he would give a hundred dollars for the chance to give them a scratching. At other times, he has much pain where the fingers *should be*, and he can only obtain relief by *altering their position*. When free from the pain or itching, he can discover no difference between that hand and the sound one. He can will the fingers of the lost hand to act, and they seem to obey. At times, the *ends* of the fingers are quite numb and cold; being partly flexed, he feels that he has not the power to extend them. There are other phenomena connected with this case, which, with those we have given, would be very difficult to account for on physiological principles.

Professor Atlee's Introductory.—The introductory address before the class in the Medical Department of Pennsylvania College, by W. L. Atlee, M.D., has been received. The professor gives much good advice to the young gentlemen, and endeavors from experience to point out the course that is considered best in acquiring a *genuine* medical education. In his apostrophe to Anatomy, we think there is a little too much that might be considered inapplicable, or figurative; but as a whole, the address is characterized by a high tone of good sentiment, and common sense, which will no doubt be properly appreciated by the class in attendance.

New Hampshire Journal of Medicine.—Our friend of the New Hampshire Journal of Medicine thinks it is our professional duty to give the formula whereby we can get rid of quackery. It is very true, in an article upon his "remedy for quackery," which appeared in one of our October numbers, we said, after commenting upon the article in the New Hampshire Journal, "there is a way to abate the evil complained of"—and if our friend will only read what follows, it will give him our idea of the *proper remedy* for such *maladies*. As we before mentioned, to give mere "*placeboes*" to our patients, is entirely unscientific, and should not be encouraged. Most generally we can satisfy them, if their disease is chronic, *but curable*, that they will get well by what we are doing, and there need to be no fear of our *losing them* if we are thus candid.

New York Medical Gazette.—The New York Medical Gazette, after January 1st, 1851, is to be issued bi-weekly, instead of weekly as for-

merly. The new series is to be furnished to subscribers at the extremely low price of one dollar per annum. It appears that the enterprising editor and proprietor of the Gazette feels compelled to make the contemplated change in order to protect himself from a "competition which has been recently started with a clamorous appeal to *cheapness*, which seems to be the order of the day." We hope he may be fully remunerated for his labor in the undertaking, and not be compelled to beat a retreat from the field of medical intelligence and literature, even should he be invaded by competitors and rivals in the same field. By this change, the Boston Medical and Surgical Journal is again left the only weekly periodical of the kind in the country.

Chemistry for Students.—"Review of Chemistry for Students. Adapted to the courses as taught in the principal Medical Schools of the United States. By John G. Murphy, M.D., Lindsay & Blakiston publishers, Philadelphia, 1851." This is a useful little work, well calculated for those attending medical lectures. It was not the design of its author to have it a text book, but merely, as its name implies, a "Review." It is well known to most medical students, that there is a *something* about chemical lectures which makes them seem very *obscure*, and as a general thing the lecture room is left by them without their possessing *much* more knowledge than when they entered it. Now this little work of Dr. Murphy's will serve as a key to unlock this *obscurity*, and in many other ways will make this beautiful and enchanting science comparatively easy of acquisition.

Mortality of 1850.—The unusual good health of Boston during the past year has not been enjoyed by us alone. In other cities in this country the deaths are believed to have been less than in previous years; and in London, the difference between the mortality of 1849 and 1850 has been striking. This will be seen by the following extract from a communication to the Medical Society of that city, by Dr. Webster, at a meeting on the 1st of November.

"During the six months terminating the 25th of September, 22,816 persons have died in London, instead of 40,117 in the parallel season of 1849, being a diminution of 17,301 deaths, or 43.12 percent. in favor of the present, compared with the former period. This great difference is chiefly owing to the very diminished mortality by cholera; only 96 individuals having died from that cause, instead of 13,115 during the same months of last year. Diarrhœa and dysentery have likewise proved less fatal; the deaths by those maladies being 1,459, instead of 2,946 in the same six months of 1849. Measles, scarlatina and hooping cough have also prevailed less severely than previously. Besides these complaints, typhus, which, in the second and third quarters of 1849, caused death to 1,222 individuals, was fatal in only 900 instances during the past six months. Phthisis, pneumonia and bronchitis also come within this category; likewise convulsions and erysipelas; 168 patients having died of the latter disease during the recent season, instead of 213 in the same six months in 1849. After various remarks upon several points of much interest, Dr. Webster alluded to the great mortality among children, shown by the fact, that of the total 22,816 deaths recorded in the metropolis during the last two quarters, 10,242 were individuals who had not passed their fifteenth year. Violent deaths next occupied the author's attention; by which causes, 767 persons are reported to have lost their lives in London; thus making one case in every 30

of the whole mortality. Of these 767 specified violent deaths, 208 were produced by fractures and contusions, 155 were drowned, and 89 died from burns and scalds, besides other casualties not necessary to particularize."

Effect of Solitary Confinement on the Mental Faculties of Prisoners.—

The following facts, stated by Dr. Webster, of London, in the communication alluded to above, are the most decisive ones we recollect to have seen, in regard to a question which has been discussed by the friends of different modes of prison discipline in this country.

"However beneficial confinement in the metropolitan prisons may prove to the bodily health of residents, it sometimes appears to produce an opposite effect upon their mental condition, particularly in those undergoing solitary or separate punishment. This baneful influence seemed fully established by the fact, that from two large London jails—viz., Pentonville and Millbank, where only convicted criminals are confined, not fewer than 61 prisoners were sent to Bethlem Hospital, during the last ten years, who had become insane, 47 being men and 14 women; besides four male criminals who came from the Hulks, but had previously resided in Pen onville prison. In addition to the above 65 individuals, male and female prisoners had been also admitted from other prisons as lunatics into Bethlem Hospital, although to a much smaller extent; hence showing that the effect of silent and long-continued confinement upon the mental faculties is very decided; and it should be remembered (the author likewise said), that all the cases of insanity recently sent from the two metropolitan prisons, and now reported, were not persons acquitted because they were insane, but prisoners actually undergoing sentence for previous crimes and misdemeanors."

Medical Miscellany.—The Mayor and Aldermen of Boston have given a lot of land on Rutland street to the Society for the Relief of Aged and Indigent Females. It is presumed that an appropriate building will forthwith be erected.—Mr. Gliddon, it is said, proposes to give a new series of Archæological lectures in Philadelphia. He intends to unroll two mummies, and anticipates "curious and valuable developments."—Prof. I. P. Garvin leaves the editorial management of the Southern Medical and Surgical Journal, Augusta, Geo., at the close of its present volume, and is to be succeeded by Prof. L. A. Dugas.—Dr. H. I. Bowditch, of this city, is preparing for the press a biography of the late Dr. Amos Twitchell, of Keene, N. H.

SUFFOLK DISTRICT MEDICAL SOCIETY.—The monthly meeting of the Suffolk District Medical Society will be held at their rooms, Masonic Temple, to-morrow (Thursday) evening, January 2d, at 7 o'clock. A punctual attendance is respectfully requested.

TO CORRESPONDENTS.—Dr. Leonard's paper on Quackery and Abortion, and Dr. Taylor's case of injury, have been received.

MARRIED.—In Southboro', Mass., A. L. Hobart, M.D., to Mrs. Cordelia L. Hyde, of Boston.

Deaths in Boston—for the week ending Saturday noon, Dec. 28th, 63.—Males, 27—females, 36. Accidental, 1—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—consumption, 20—convulsions, 1—croup, 3—dysentery, 2—dropsy, 3—dropsy of the brain, 2—erysipelas, 1—exhaustion, 1—typhus fever, 4—scarlet fever, 1—lung fever, 3—infantile, 2—disease of the kidneys, 1—inflammation of the lungs, 3—congestion of the lungs, 2—marasmus, 1—measles, 6—old age, 2—disease of the throat, 1.

Under 5 years, 20—between 5 and 20 years, 3—between 20 and 40 years, 21—between 40 and 60 years, 8—over 60 years, 11. Americans, 26; foreigners and children of foreigners, 37.

The Rejected Article.—[The following notice from the New York Medical Gazette refers to the article alluded to in the "Notice to Correspondents" of this Journal, week before last.]—"A Physician of Boston."—We must respectfully decline the insertion of the article sent us over this signature, notwithstanding it is accompanied by the author's name. It contains personal assaults which would be offensive to parties of whom we know nothing; and would disturb the kindly relations which have ever subsisted between ourselves and the Boston Medical and Surgical Journal, which we at least cannot consent to violate. The writer can have no claim on us which would justify him in complaining, as he has forgotten to subscribe for the Gazette. We shall be happy to aid the organization of a College of Pharmacy in Boston, but to publish this article might have a contrary effect."

Boston Almanac.—We are under obligations to the publishers, Messrs. Mussey & Co. and Thomas Groom, for a splendid copy of the Boston Almanac for 1851. It contains much that is really valuable to the medical profession, independent of the other matters common to an Almanac.

Surgical Operation.—Dr. J. F. MAY, of Washington city, recently amputated the leg of a laborer, dislocating the hip joint, and removing the entire limb in a little over thirty seconds. In twenty minutes, ligatures were applied to the *twelve arteries* without the loss of more than half a pint of blood. The patient, through the operation, was under the influence of chloroform, and was totally unconscious. This is an extremely dangerous operation, hardly ever successful.

[We clip the above from a newspaper, but would prefer taking these matters of medical intelligence from medical journals, wherein the *true* description of cases are reported.]

Quarantine Regulations in Sweden.—The system of quarantine against the cholera, abandoned as useless in almost every other state of Europe, prevails in Sweden in its utmost rigor. It is not only enforced against all persons entering the country from abroad, but the several provinces are closed against each other. If the disease appears in any place, it is cut off from all communication with the neighboring towns. In the interior, the isolating system was put in force before it was adopted in the capital. In all the larger towns, a guard at the gates sends back all travellers who cannot prove that they have not visited any infected place for ten days. At Sodertelge, a ship of war is placed, that compels all vessels as they arrive to anchor in the quarantine station. In the North of Sweden, these regulations are only enforced against persons; but, in the town of Lund, they are extended to goods, if they are imported through Malmo.—*Lon. Times.*

Obstacles to the Diffusion of Vaccination.—Although the poor are now vaccinated gratuitously, and ample means are provided by the Poor-law Board for carrying out the intentions of the legislature, an unaccountable prejudice still exists against vaccination. Some of the objections to it are excuses for negligence; others are based on a sort of fatalism; but others, again, amount to almost criminal neglect. The Registrar for Nottingham states that a woman in his district who had lost a child by disease, assured him that she would rather lose half a dozen children by it, than *fly in the face of Providence in having one vaccinated!*—*London Medical Gaz.*